

provide for their prescription drugs and to take care of their other basic necessities of life. These are not the people that we should be going after and making life more difficult for. The thought of forcing sick, fragile, low-income seniors to pick up a new cost which for someone requiring home health care visits 7 days a week could run as high as \$2,500 a year is literally beyond comprehension. Does anyone really think that a sick, needy senior citizen with an income of \$10,000 a year should be asked to pay an additional 6 percent of his or her entire income on health care costs?

And what about some seniors whose incomes may be even lower than the national average. What an outrage to go after low-income senior citizens who are sick, who are fragile, who need home health care visits and tell those people that you have got to pay substantially more for your health care needs.

Mr. Speaker, what I find particularly obscene about this proposal is that it comes one year after the so-called balanced budget agreement which cut Medicare by \$115 billion and most of those savings went for tax breaks for the very wealthy. Three-quarters of the tax breaks went to people making \$100,000 a year or more. So what Congress did last year is cut Medicare, give huge tax breaks for the rich, and then this year the chairman of the relevant subcommittee is saying, "Gee, we don't have enough money for Medicare. I guess we're going to have to ask low-income sick seniors to pay more for home health care visits." This is the Robin Hood proposal in reverse. We take from the poor and some of the most desperate people in this country and we give to some of the wealthiest. This is a proposal that I would hope would be dead on arrival.

Mr. Speaker, 22,000 Vermonters receive home health care in my State. But with last year's Medicare cuts, many are in danger of losing services through the reduction of payments to efficient home health care agencies that exist in Vermont and a number of other States. In other words, what Vermont was penalized for is having an efficient, cost-effective home health care visitation program. What we should be doing is correcting that absurd formula, making sure that more money goes throughout this country to help agencies like the Visiting Nurses Association provide the quality health care and home visits that they have been doing. We should not be making a bad situation even worse.

Mr. Speaker, I believe that if members of both parties alert the chairman that this horrendous proposal is unacceptable, it will never get off first base, and that is what we should be doing.

RECOGNITION OF HEROIC EFFORTS OF BOY SCOUT TROOP 22 OF LOS ALAMOS IN DEATH OF TROOP LEADER DENNIS CARUTHERS

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentleman from New Mexico (Mr. REDMOND) is recognized for 5 minutes.

Mr. REDMOND. Mr. Speaker, I rise today to pay tribute to two Boy Scout leaders and five Boy Scouts of Troop 22 of Los Alamos, New Mexico. Yesterday morning while on a canoe trip between in the boundary waters between the United States and Canada, tragedy struck Troop 22. One of the troop leaders, Dennis Caruthers, suffered a heart attack during a portage. Under the leadership of Mr. Charles Golding, he and the five Boy Scouts tried to save Mr. Caruthers' life. The boys carried Mr. Caruthers 100 rods from the center of the portage to the rescue site. For two hours the Boy Scouts took turns administering CPR until the rescue plane arrived to save the life of their leader. Unfortunately, they were unsuccessful. The medical professionals praised the boys for their excellent emergency response skills. In spite of the loss, the five Boy Scouts had done everything right.

To the Caruthers family, Laurie and the children, we extend our sympathy for your loss and thank you for sharing Dennis with us. To Mr. Charles Golding, we give our thanks for your superb leadership and example for our boys in a time of great crisis. To the boys of Troop 22, Billy Golding, Joseph Matthews, Mason Sturm, David Hunter and Jordan Redmond, we thank you for your heroic effort to save the life of your leader. To our friend Dennis Caruthers, we thank you for your many years of dedicated service to the Boy Scouts of Los Alamos. You were a fine example, a great American.

Dennis, we will miss you.

PERSONAL EXPLANATION

Mr. HINOJOSA. Mr. Speaker, on Wednesday, July 29, due to a death in my family, I was unavoidably absent for rollcall votes on the Texas Radioactive Waste Disposal Act.

Had I been present, I would have voted "no" on rollcall vote 343, and I would have voted "no" on rollcall vote 344.

ONGOING RAMIFICATIONS OF SEXUAL REVOLUTION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WELDON) is recognized for 5 minutes.

Mr. WELDON of Florida. Mr. Speaker, I rise to draw the attention of my colleagues and the American people to a very important article that was recently published in the New England Journal of Medicine, the July 30, 1998 issue, and in particular as well an ac-

companying editorial authored by Drs. Cohen and Fauci of the National Institutes of Health. This article is entitled "Sexual Transmission of HIV-1, Variant Resistance to Multiple Reverse Transcriptase and Protease Inhibitors" authored by Dr. Hecht as well as many others.

Now, it may seem a little bit unusual for a Member of Congress to be rising talking about something like this article and this accompanying editorial, but let me just say from the outset that as many of my colleagues know, I am a physician and as well I did part of my training in San Francisco in the early 1980s at a time when the AIDS epidemic was just emerging as a critical national health problem. Additionally, after finishing my training and ultimately going into private practice in Florida, I had the opportunity to take care for many years of many AIDS patients. And so this has always been an area of tremendous interest for me, particularly as it relates to government spending, public health, and a lot of social phenomena that has occurred in this country over the last 30 years, in particular as it relates to the sexual revolution.

There were many features of the sexual revolution that occurred in the United States. Having only 5 minutes, I would not be able to dwell on all of them, but I would like to touch on several of the critical features of the sexual revolution, one of which is that premarital sex and having sex with multiple partners, contrary to centuries-long taboos, was now considered socially okay, and indeed as well that homosexual sex and sex with multiple partners was as well considered okay, if it involved two consenting adults.

As we are beginning to see in this country today, there are indeed some significant societal impacts of this revolution, particularly in the form of the explosion of sexually transmitted diseases and its consequences. For example, 20 percent of all Cesarean sections done in the U.S. today are done because of the presence of a sexually transmitted disease in the mother. This has significant public health impact. It has a significant cost impact for our government-run health care, programs like Medicare and Medicaid, and as well the sexual revolution in the homosexual community which led to the AIDS epidemic ultimately spilling over into the heterosexual community.

What is very important about this article, I want to draw to Members' attention, is that we have seen in recent years the good development of the availability of multiple drugs for the treatment of AIDS. Unlike when I first started practicing where the people would develop AIDS and they would die very quickly, we now have this very, very good armamentarium of drugs that allow people to live for years and the death rate from AIDS has dropped off significantly.

There has been in recent years a very, very ominous development of resistance within patients with AIDS to